

CERTIFICATE OF TRANSMISSION/MAILING

Ref. No.: 12439-0080

I hereby certify that this correspondence is being facsimile transmitted to the USPTO at (571) 273-8300 or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on December 18, 2006.

Erin Cowles

PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a) FY 2005		Docket Number (Optional) P6C3-US
Application Number: 10/034,528		Filed: December 27, 2001
For: Probe Card Assembly And Kit, And Methods Of Making Same		
Art Unit: 2829		Examiner: Paresh H. Patel
This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.		
The requested extension and fee are as follows (check time period desired and enter the appropriate for below):		
	<u>Fee</u>	<u>Small Entity Fee</u>
<input checked="" type="checkbox"/> One month (37 CFR 1.17(a)(1))	\$120	\$60 \$120
<input type="checkbox"/> Two month (37 CFR 1.17(a)(2))	\$450	\$225 \$
<input type="checkbox"/> Three month (37 CFR 1.17(a)(3))	\$1020	\$510 \$
<input type="checkbox"/> Four month (37 CFR 1.17(a)(4))	\$1590	\$795 \$
<input type="checkbox"/> Five month (37 CFR 1.17(a)(5))	\$2160	\$1080 \$
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.		
<input type="checkbox"/> A check that includes the fee is enclosed.		
<input checked="" type="checkbox"/> Payment by credit card.		
<input type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account.		
<input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>50-0843</u> .		
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.		
I am the <input type="checkbox"/> applicant/inventor		
<input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/96)		
<input checked="" type="checkbox"/> attorney or agent of record. Registration Number <u>39,923</u>		
<input checked="" type="checkbox"/> attorney or agent under 37 CFR 1.34. Registration Number <u>39,923</u>		
		<u>December 18, 2006</u> Date
<u>/N. Kenneth Burraston/</u> N. Kenneth Burraston		<u>(801) 323-5934</u> Telephone Number
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.		
<input type="checkbox"/> Total of _____ forms are submitted.		